## PART B -FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address.

as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.								
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  26694  VENABLE LLP  P.O. Box 34385  Washington, DC 20043-9998					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.  (Depositor's name)			
					(Signature)			
								(Date)
APPLICATION NO.	FILING DATE			MED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/583,280	06/16/2006	Charles I		L. Sawyers		58086-232451		2639
TITLE OF INVENTION: METHODS AND MATERIALS FOR ASSESSING PROSTATE CANCER THERAPIES								
APPLN. TYPE	SMALL ENTITY	ISSUE		1	ATION FEE	TOTAL FEE(S) DUE		DATE DUE
Non-Provisional	<del>Yes</del> -NO	\$755.00 \$		\$300.00 CLASS-SUBCLASS		<del>\$1055.00</del> -\$1810.00 7		09/09/2011
EXAMINER Sean E. Aeder		ART UNIT		L	004000	J		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached.  Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  The Regents of the University of California  Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual X Corporation or other private group entity Government								
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):								
X Issue Fee A check in the amount of the fee(s) is enclosed.  X Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.								
Advance Order -# of Copies  X The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 22-0261								
a. Applicant clair	Publication Fee (if require	Issue Fee and Pued) will not be a	ublication Fee ccepted from,	(if any) or to	re-apply any pre	eviously paid issue	fee to the applic	atus. See 37 CFR 1.27(g)(2). cation identified above. or the assignee or other party in
Authorized Signature						Date	Sept	tember 9, 2011
Typed or printed name Lars H. Genieser, Ph.D.						Registrat	ion No.	46,722